



ANNUAL STATEMENT
For the Year Ending December 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
TOM DONALDSON	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer #

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL TOM DONALDSON KEVIN TOMPKINS PATRICK HAYES #	DON KOOY RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ #
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State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2010	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
State of Michigan	10,784					
First Church of the Nazarene Lansing	6,899	6,899				
Gentilozzi Real Estate, Inc.	8,830	6,695				
Merit Laboratories, Inc.	12,561	12,561	350			
Americhem Sales Corporation		15,133				
First National Management	54,589					
0299997 Subtotal - Group Subscribers:	93,663	41,289	350			
0299998 Premium due and unpaid not individually listed	269,206	17,679	5,272	2,672	8,293	421,837
0299999 Total group	362,869	58,968	5,622	2,672	8,293	421,837
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) ..	362,869	58,968	5,622	2,672	8,293	421,837

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
PHARMACEUTICAL REBATES FROM STATE OF MI	408,266					408,266
MATERNITY CASE RATE RECEIVABLE	1,309,574	154,456	86,168	1,090,781		2,640,979
PREMIUM DUE FROM STATE OF MI	855,933					855,933
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	2,573,773	154,456	86,168	1,090,781		3,905,178
0799999 Gross health care receivables	2,573,773	154,456	86,168	1,090,781		3,905,178

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered	9,447,431	19,481	1,607	1,315	2,138	9,471,972
0499999 Subtotals	9,447,431	19,481	1,607	1,315	2,138	9,471,972
0599999 Unreported claims and other claim reserves						23,168,188
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid						32,640,159
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,700,223

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTH CARE CORPORATION				11,911	11,911		
HEALTH ADVANTAGE INC.	727,436		1,094	218	218	728,530	
0199999 Total - Individually listed receivables	727,436		1,094	12,129	12,129	728,530	
0299999 Receivables not inidividually listed				573	573		
0399999 Total gross amounts receivable	727,436		1,094	12,702	12,702	728,530	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
MCLAREN HEALTH CARE CORPORATION	PROFESSIONAL SERVICES	132,529	132,529	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	336,592	336,592	
HEALTH ADVANTAGE INC.	PROFESSIONAL SERVICES	441,232	441,232	
0199999 Total - Individually listed payables	X X X	910,354	910,354	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	910,354	910,354	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	58,370,557	26.230	949,132	1,092.488	58,370,557	
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	58,370,557	26.230	949,132	1,092.488	58,370,557	
Other Payments:							
5.	Fee-for-service	3,574,780	1.606	X X X	X X X		3,574,780
6.	Contractual fee payments	160,585,383	72.163	X X X	X X X	145,747,507	14,837,876
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	164,160,163	73.770	X X X	X X X	145,747,507	18,412,656
13.	TOTAL (Line 4 plus Line 12)	222,530,720	100.000	X X X	X X X	204,118,064	18,412,656

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	988,594	555,517	433,077
2.	Medical furniture, equipment and fixtures
3.	Pharmaceuticals and surgical supplies
4.	Durable medical equipment
5.	Other property and equipment
6.	TOTAL	988,594	555,517	433,077



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 0000 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	71,312	17	6,811						64,484	
2. First Quarter	74,966	28	7,642						67,296	
3. Second Quarter	78,236	29	7,904						70,303	
4. Third Quarter	81,223	31	8,615						72,577	
5. Current Year	86,878	27	10,533						76,318	
6. Current Year Member Months	949,132	329	102,074						846,729	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	613,687	192	59,523						553,972	
8. Non-Physician	126,301	33	10,183						116,085	
9. TOTAL	739,988	225	69,706						670,057	
10. Hospital Patient Days Incurred	70,914	99	25,529						45,286	
11. Number of Inpatient Admissions	18,952	16	6,436						12,500	
12. Health Premiums Written (b)	271,924,032	124,329	31,365,289						240,434,414	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	271,924,032	124,329	31,365,289						240,434,414	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	224,055,187	134,957	29,502,760						194,417,470	
18. Amount Incurred for Provision of Health Care Services	233,652,377	126,586	32,231,841						201,293,950	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0000 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	71,312	17	6,811						64,484	
2. First Quarter	74,966	28	7,642						67,296	
3. Second Quarter	78,236	29	7,904						70,303	
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	271,924,032	124,329	31,365,289						240,434,414	
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17. Amount Paid for Provision of Health Care Services	224,055,187	134,957	29,502,760						194,417,470	
18. Amount Incurred for Provision of Health Care Services	233,652,377	126,586	32,231,841						201,293,950	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
22667	95-2371728 ...	01/01/2009	ACE AMER INS CO	PHILADELPHIA, PA	249,054
0599999 Total - Accident and Health, Non-Affiliates					249,054
0699999 Totals - Accident and Health					249,054
0799999 Totals - Life, Annuity and Accident and Health					249,054

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
22667	95-2371728	01/01/2009	ACE AMER INS CO	PHILADELPHIA, PA	SSL/L/I	979,637						
0299999 Subtotal - Authorized General Account - Non-Affiliates						979,637						
0399999 Total - Authorized General Account						979,637						
0799999 Total - Authorized and Unauthorized General Account						979,637						
1599999 Totals						979,637						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	666	319	153	2	
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	313	283	551	683	629
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	249	175	80		28
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	104,857,333		104,857,333
2. Accident and health premiums due and unpaid (Line 13)	421,837		421,837
3. Amounts recoverable from reinsurers (Line 14.1)	249,054		249,054
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	4,756,544		4,756,544
6. TOTAL Assets (Line 26)	110,284,769		110,284,769
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	32,640,159		32,640,159
8. Accrued medical incentive pool and bonus payments (Line 2)	3,700,223		3,700,223
9. Premiums received in advance (Line 8)	196,236		196,236
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	3,925,598		3,925,598
13. TOTAL Liabilities (Line 22)	40,462,217		40,462,217
14. TOTAL Capital and Surplus (Line 31)	69,822,552	X X X	69,822,552
15. TOTAL Liabilities, Capital and Surplus (Line 32)	110,284,769		110,284,769
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	38-2397643 ..	McLaren Health Care	690,418	690,418
.....	75-2847104 ..	Provider HealthNet Services	117,915	117,915
95848 ..	38-3383640 ..	MCLAREN HEALTH PLAN	3,556,975	3,556,975
.....	38-2383119 ..	McLaren Regional Medical Center	5,633	5,633
.....	91-2141720 ..	Health Advantage	(4,370,942)	(4,370,942)
9999999 Totals	0	X X X	0

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
APRIL FILING
17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
9584820093600000 2009 Document Code: 360

Health Life Supplement
9584820092050000 2009 Document Code: 205

Health Property / Casualty Supplement
9584820092070000 2009 Document Code: 207

Schedule SIS
9584820094200000 2009 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
9584820093710000 2009 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
9584820093700000 2009 Document Code: 370

Medicare Part D Coverage Supplement
9584820093650000 2009 Document Code: 365

LTC Supplemental Interrogatories
9584820093060000 2009 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation
9584820092110000 2009 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit
9584820092130000 2009 Document Code: 213

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
0904. PREPAID EXPENSES	234,340	234,340		
0905. SELF INS TRUST FUND	61,988		61,988	50,722
0906. OTHER INVESTMENT DEFERRED COMPENSATION	23,976		23,976	
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996)	320,304	234,340	85,964	50,722

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
0904. PREPAID EXPENSE	234,340	280,564	46,223
0905. INTANGIBLE ASSET - THE WELLNESS PLAN		505,684	505,684
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996)	234,340	786,248	551,907

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2009
(To be filed by March 1)
FOR THE STATE OF MICHIGAN



NAIC Group Code: 0000
Address (City, State and Zip Code): FLINT, MI 48532
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006				Policies Issued in 2007, 2008, 2009			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies																	

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp12 Michigan



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 0000

(To be Filed By March 1)

NAIC Company Code: 95848

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage	N O N E				
7.11	With Reinsurance Coverage				X X X	
7.12	Without Reinsurance Coverage				X X X	
7.2	Supplemental Benefits				X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Receivable - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Results	X X X	X X X	X X X	X X X	



LIFE SUPPLEMENTS

To Be Filed By March 1

For the Year

NONE

 2009

Of The McLAREN HEALTH PLAN, INC Insurance Company

Address (City, State and Zip Code) FLINT, MI 48532

NAIC Group Code 0000 NAIC Company Code 95848 Employer's ID Number 383383640

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
NONE					
9999999 Totals - (Net) -Page 3, Line 1

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

1.2 If not, state which kind is issued.

Yes[] No[X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

2.2 If not, state which kind is issued.

Yes[] No[X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes[] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?

If so, state:

4.1 Amount of insurance?

4.2 Amount of reserve?

4.3 Basis of reserve

4.4 Basis of regular assessments

4.5 Basis of special assessments

4.6 Assessments collected during the year

Yes[] No[X]

\$ 0

\$ 0

\$ 0

5. If the contract loan interest rate guaranteed in any one or more of its current contracts is more than 5%, not in advance, state the contract loan rate guarantees on any such contracts

NONE

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

Attach statement of methods employed in their valuation.

Yes[] No[X]

\$ 0

\$ 0

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount

7.3 State the amount of reserves established for this business:

7.4 Identify where the reserves are reported in the blank

Yes[] No[X]

\$ 0

\$ 0

Supp31

Health NAIC Statement 2/25/2010 12:54:00 PM

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + - 5 - 6 - 7 - 8)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year	Premiums	11 Current Year	12 Prior Year		
NONE													
1599999 Totals													



PROPERTY / CASUALTY SUPPLEMENTS

(To Be Filed On Or Before March 1)

For the Year

NONE

 2009

Of The McLAREN HEALTH PLAN, INC Insurance Company

Address (City, State and Zip Code) FLINT, MI 48532

NAIC Group Code 0000 NAIC Company Code 95848 Employer's ID Number 383383640

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Columns 6 + 7							
					NONE									
9999999 Totals														

SCHEDULE F - PART 3
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
9999999 Totals	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)
2)
3)
4)
5)

NONE

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Yes[] No[X] ...
2)	Yes[] No[X] ...
3)	Yes[] No[X] ...
4)	Yes[] No[X] ...
5)	Yes[] No[X] ...

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior X X X X X X X X X X X X ...
2. 2000 X X X ...
3. 2001 X X X ...
4. 2002 X X X ...
5. 2003 X X X ...
6. 2004 X X X ...
7. 2005 X X X ...
8. 2006 X X X ...
9. 2007 X X X ...
10. 2008 X X X ...
11. 2009 X X X ...
12. Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded				
1. Prior	NONE		 X X X ...	
2. 2000 X X X ...
3. 2001 X X X ...
4. 2002 X X X ...
5. 2003 X X X ...
6. 2004 X X X ...	
7. 2005 X X X ...	
8. 2006 X X X ...	
9. 2007 X X X ...	
10. 2008 X X X ...	
11. 2009 X X X ...	
12. Totals X X X ...	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004
7. 2005
8. 2006
9. 2007
10. 2008
11. 2009
12. Totals X X X X X X X X X X X X X X X X X X X X X

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1A

HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E					
2. 2000
3. 2001
4. 2002
5. 2003	
6. 2004	
7. 2005	
8. 2006	
9. 2007	
10. 2008	
11. 2009	
12. Totals	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000 ..											
3. 2001 ..											
4. 2002 ..											
5. 2003 ..											
6. 2004 ..											
7. 2005 ..											
8. 2006 ..											
9. 2007 ..											
10. 2008 ..											
11. 2009 ..											
12. Totals	... X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E		
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004
7. 2005
8. 2006
9. 2007
10. 2008
11. 2009
12. Totals

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000											
3. 2001											
4. 2002											
5. 2003											
6. 2004											
7. 2005											
8. 2006											
9. 2007											
10. 2008											
11. 2009											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	NONE				
2. 2000	NONE				
3. 2001	NONE				
4. 2002	NONE				
5. 2003	NONE				
6. 2004	NONE				
7. 2005	NONE				
8. 2006	NONE				
9. 2007	NONE				
10. 2008	NONE				
11. 2009	NONE				
12. Totals	NONE				

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000 ..											
3. 2001 ..											
4. 2002 ..											
5. 2003 ..											
6. 2004 ..											
7. 2005 ..											
8. 2006 ..											
9. 2007 ..											
10. 2008 ..											
11. 2009 ..											
12. Totals	... X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1D

WORKERS' COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 2000													
3. 2001													
4. 2002													
5. 2003													
6. 2004													
7. 2005													
8. 2006													
9. 2007													
10. 2008													
11. 2009													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	2000										
3.	2001										
4.	2002										
5.	2003										
6.	2004										
7.	2005										
8.	2006										
9.	2007										
10.	2008										
11.	2009										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1E

COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid						
	13	14	15	16	17	18	19	20	21	22					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid
1. Prior	NONE						
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004			
7. 2005			
8. 2006			
9. 2007			
10. 2008			
11. 2009			
12. Totals			

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	34 Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000 ..											
3. 2001 ..											
4. 2002 ..											
5. 2003 ..											
6. 2004 ..											
7. 2005 ..											
8. 2006 ..											
9. 2007 ..											
10. 2008 ..											
11. 2009 ..											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 2000													
3. 2001													
4. 2002													
5. 2003													
6. 2004													
7. 2005													
8. 2006													
9. 2007													
10. 2008													
11. 2009													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	2000										
3.	2001										
4.	2002										
5.	2003										
6.	2004										
7.	2005										
8.	2006										
9.	2007										
10.	2008										
11.	2009										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1F - SECTION 2

MEDICAL PROFESSIONAL LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E		
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004
7. 2005
8. 2006
9. 2007
10. 2008
11. 2009
12. Totals

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior		
2. 2000					
3. 2001					
4. 2002					
5. 2003					
6. 2004					
7. 2005					
8. 2006					
9. 2007					
10. 2008					
11. 2009					
12. Totals		

SCHEDULE P - PART 1G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior X X X X X X X X X X X X ...
2. 2000 X X X ...
3. 2001 X X X ...
4. 2002 X X X ...
5. 2003 X X X ...
6. 2004 X X X ...
7. 2005 X X X ...
8. 2006 X X X ...
9. 2007 X X X ...
10. 2008 X X X ...
11. 2009 X X X ...
12. Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	NONE		
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004
7. 2005
8. 2006
9. 2007
10. 2008
11. 2009
12. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 2000
3. 2001
4. 2002
5. 2003
6. 2004
7. 2005
8. 2006
9. 2007
10. 2008
11. 2009
12. Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1H - SECTION 1

OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 2000													
3. 2001													
4. 2002													
5. 2003													
6. 2004													
7. 2005													
8. 2006													
9. 2007													
10. 2008													
11. 2009													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	... X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000		
3. 2001		
4. 2002		
5. 2003		
6. 2004		
7. 2005		
8. 2006		
9. 2007		
10. 2008		
11. 2009		
12. Totals	... X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1H - SECTION 2

OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior	N O N E				
2.	2000	
3.	2001	
4.	2002	
5.	2003	
6.	2004		
7.	2005		
8.	2006		
9.	2007		
10.	2008		
11.	2009		
12.	Totals		

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	34 Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000 ..											
3. 2001 ..											
4. 2002 ..											
5. 2003 ..											
6. 2004 ..											
7. 2005 ..											
8. 2006 ..											
9. 2007 ..											
10. 2008 ..											
11. 2009 ..											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 11

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2008 X X X ...
3.	2009 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		NONE						
	13	14	15	16	17								
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
									21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2008													
3. 2009													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
											35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1J

AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12	
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)		
1.	Prior X X X X X X X X X X X X ...
2.	2008										
3.	2009										
4.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior
2.	2008
3.	2009
4.	Totals

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1K

FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2008 X X X ...
3.	2009 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		NONE						
	13	14	15	16	17								
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
									21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2008													
3. 2009													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
											35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2008 X X X ...
3.	2009 X X X ...
4.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior
2.	2008
3.	2009
4.	Totals

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1M

INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2000 X X X ...
3.	2001 X X X ...
4.	2002 X X X ...
5.	2003 X X X ...
6.	2004 X X X ...
7.	2005 X X X ...
8.	2006 X X X ...
9.	2007 X X X ...
10.	2008 X X X ...
11.	2009 X X X ...
12.	Totals	... X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior	N O N E				
2.	2000	
3.	2001	
4.	2002	
5.	2003	
6.	2004		
7.	2005		
8.	2006		
9.	2007		
10.	2008		
11.	2009		
12.	Totals		

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	... X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000											
3. 2001											
4. 2002											
5. 2003											
6. 2004											
7. 2005											
8. 2006											
9. 2007											
10. 2008											
11. 2009											
12. Totals	... X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2000 X X X ...
3.	2001 X X X ...
4.	2002 X X X ...
5.	2003 X X X ...
6.	2004 X X X ...
7.	2005 X X X ...
8.	2006 X X X ...
9.	2007 X X X ...
10.	2008 X X X ...
11.	2009 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE						XXX	
2. 2000												XXX	
3. 2001												XXX	
4. 2002												XXX	
5. 2003												XXX	
6. 2004												XXX	
7. 2005												XXX	
8. 2006												XXX	
9. 2007												XXX	
10. 2008												XXX	
11. 2009												XXX	
12. Totals												XXX	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000 ..											
3. 2001 ..											
4. 2002 ..											
5. 2003 ..											
6. 2004 ..											
7. 2005 ..											
8. 2006 ..											
9. 2007 ..											
10. 2008 ..											
11. 2009 ..											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 10 - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2000 X X X ...
3.	2001 X X X ...
4.	2002 X X X ...
5.	2003 X X X ...
6.	2004 X X X ...
7.	2005 X X X ...
8.	2006 X X X ...
9.	2007 X X X ...
10.	2008 X X X ...
11.	2009 X X X ...
12.	Totals	... X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
		13	14	15	16	17	18	19	20	21	22				
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated
1. Prior	N O N E			 X X X ..			
2. 2000 X X X ..
3. 2001 X X X ..
4. 2002 X X X ..
5. 2003 X X X ..
6. 2004 X X X ..		
7. 2005 X X X ..		
8. 2006 X X X ..		
9. 2007 X X X ..		
10. 2008 X X X ..		
11. 2009 X X X ..		
12. Totals X X X ..		

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000		
3. 2001		
4. 2002		
5. 2003		
6. 2004		
7. 2005		
8. 2006		
9. 2007		
10. 2008		
11. 2009		
12. Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2000 X X X ...
3.	2001 X X X ...
4.	2002 X X X ...
5.	2003 X X X ...
6.	2004 X X X ...
7.	2005 X X X ...
8.	2006 X X X ...
9.	2007 X X X ...
10.	2008 X X X ...
11.	2009 X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE						... X X X ...	
2. 2000												... X X X ...	
3. 2001												... X X X ...	
4. 2002												... X X X ...	
5. 2003												... X X X ...	
6. 2004												... X X X ...	
7. 2005												... X X X ...	
8. 2006												... X X X ...	
9. 2007												... X X X ...	
10. 2008												... X X X ...	
11. 2009												... X X X ...	
12. Totals												... X X X ...	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000											
3. 2001											
4. 2002											
5. 2003											
6. 2004											
7. 2005											
8. 2006											
9. 2007											
10. 2008											
11. 2009											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1R - SECTION 1

PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 2000													
3. 2001													
4. 2002													
5. 2003													
6. 2004													
7. 2005													
8. 2006													
9. 2007													
10. 2008													
11. 2009													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2000											
3. 2001											
4. 2002											
5. 2003											
6. 2004											
7. 2005											
8. 2006											
9. 2007											
10. 2008											
11. 2009											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1R - SECTION 2

PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2000
3.	2001
4.	2002
5.	2003
6.	2004
7.	2005
8.	2006
9.	2007
10.	2008
11.	2009
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 2000													
3. 2001													
4. 2002													
5. 2003													
6. 2004													
7. 2005													
8. 2006													
9. 2007													
10. 2008													
11. 2009													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	2000					
3.	2001					
4.	2002					
5.	2003					
6.	2004					
7.	2005					
8.	2006					
9.	2007					
10.	2008					
11.	2009					
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1S

FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1.	Prior X X X X X X X X X X X X ...
2.	2008 X X X ...
3.	2009 X X X ...
4.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior
2.	2008
3.	2009
4.	Totals

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE McLAREN HEALTH PLAN, INC

SCHEDULE P - PART 1T

WARRANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		NONE						
	13	14	15	16	17								
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
									21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2008													
3. 2009													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
											35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2008
3.	2009
4.	Totals X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR **2009** OF THE **McLAREN HEALTH PLAN, INC**

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
1. Prior
2. 2000
3. 2001 X X X
4. 2002 X X X X X X
5. 2003 X X X X X X X X X
6. 2004 X X X X X X X X X X X X ...	NONE		
7. 2005 X X X X X X X X X X X X
8. 2006 X X X X X X X X X X X X
9. 2007 X X X X X X X X X X X X X X X X X X X X X
10. 2008 X X X X X X X X X X X X X X X X X X X X X X X X X X X ...
11. 2009 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ...
12. TOTALS

SCHEDULE P - PART 2A
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 2000	2 2001	3 2002	4 2003	5 2004	6 2005	7 2006	8 2007	9 2008	10 2009	11 One Year	12 Two Year
1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2D
WORKERS' COMPENSATION

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2E
COMMERCIAL MULTIPLE PERIL

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 1
MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 2000	2 2001	3 2002	4 2003	5 2004	6 2005	7 2006	8 2007	9 2008	10 2009	11 One Year	12 Two Year
1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 2
MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

1.	Prior												
2.	2000												
3.	2001	X X X											
4.	2002	X X X	X X X										
5.	2003	X X X	X X X	X X X									
6.	2004	X X X	X X X	X X X	X X X								
7.	2005	X X X	X X X	X X X	X X X								
8.	2006	X X X	X X X	X X X	X X X								
9.	2007	X X X	X X X	X X X	X X X								
10.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2000	2 2001	3 2002	4 2003	5 2004	6 2005	7 2006	8 2007	9 2008	10 2009	11 One Year	12 Two Year
1. Prior	X X X	X X X	X X X	X X X	N O N E		
2. 2008	X X X	X X X	X X X	X X X			
3. 2009	X X X	X X X	X X X	X X X				X X X	X X X
4. TOTALS

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	N O N E	XXX
2. 2008	XXX	XXX	XXX	XXX		XXX	XXX	XXX
3. 2009	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4. TOTALS

SCHEDULE P - PART 2K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	N O N E
2. 2008	XXX	XXX	XXX	XXX		XXX	XXX
3. 2009	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4. TOTALS

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX				
2.	2008	XXX	XXX	XXX	XXX		XXX				XXX
3.	2009	XXX	XXX	XXX	XXX		XXX	XXX		XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2M

INTERNATIONAL

1. Prior
2. 2000
3. 2001 X X X
4. 2002 X X X X X X
5. 2003 X X X X X X X X X	N O N E		
6. 2004 X X X X X X X X X X X X
7. 2005 X X X X X X X X X X X X
8. 2006 X X X X X X X X X X X X X X X X X X X X X
9. 2007 X X X X X X X X X X X X X X X X X X X X X
10. 2008 X X X X X X X X X X X X X X X X X X X X X X X X X X X ...
11. 2009 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ...
12. TOTALS

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
1. Prior												
2. 2000												
3. 2001	X X X											
4. 2002	X X X	X X X										
5. 2003	X X X	X X X	X X X									
6. 2004	X X X	X X X	X X X	X X X								
7. 2005	X X X	X X X	X X X	X X X								
8. 2006	X X X	X X X	X X X	X X X								
9. 2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. TOTALS												

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior												
2. 2000												
3. 2001	X X X											
4. 2002	X X X	X X X										
5. 2003	X X X	X X X	X X X									
6. 2004	X X X	X X X	X X X	X X X								
7. 2005	X X X	X X X	X X X	X X X								
8. 2006	X X X	X X X	X X X	X X X								
9. 2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. TOTALS												

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior												
2. 2000												
3. 2001	X X X											
4. 2002	X X X	X X X										
5. 2003	X X X	X X X	X X X									
6. 2004	X X X	X X X	X X X	X X X								
7. 2005	X X X	X X X	X X X	X X X								
8. 2006	X X X	X X X	X X X	X X X								
9. 2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. TOTALS												

SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	One Year	Two Year
1. Prior												
2. 2000												
3. 2001	X X X											
4. 2002	X X X	X X X										
5. 2003	X X X	X X X	X X X									
6. 2004	X X X	X X X	X X X	X X X								
7. 2005	X X X	X X X	X X X	X X X								
8. 2006	X X X	X X X	X X X	X X X								
9. 2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. TOTALS												

SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior												
2. 2000												
3. 2001	X X X											
4. 2002	X X X	X X X										
5. 2003	X X X	X X X	X X X									
6. 2004	X X X	X X X	X X X	X X X								
7. 2005	X X X	X X X	X X X	X X X								
8. 2006	X X X	X X X	X X X	X X X								
9. 2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2009	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. TOTALS												

SCHEDULE P - PART 2S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	X X X	X X X	X X X	X X X								
2. 2008	X X X	X X X	X X X	X X X				X X X				X X X
3. 2009	X X X	X X X	X X X	X X X				X X X	X X X		X X X	X X X
4. TOTALS												

SCHEDULE P - PART 2T
WARRANTY

1. Prior	X X X	X X X	X X X	X X X								
2. 2008	X X X	X X X	X X X	X X X				X X X				X X X
3. 2009	X X X	X X X	X X X	X X X				X X X	X X X		X X X	X X X
4. TOTALS												

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